Illness Decision Tree for Students

Q1: Are you experiencing COVID-19 symptoms? They include:

» Fever (100.4°F or 38°C) *without having taken any fever-reducing medications, such as acetaminophen or ibuprofen.*

» Chills

» Cough

» Fatigue

» New or unusual headache

» Muscle aches

» Congestion or runny nose

» Loss of smell or taste

» Nausea, vomiting, diarrhea, or loss of appetite

» Sore throat

» Shortness of breath

(One or more of these symptoms that is a new onset or is an increase in severity)

YES, I HAVE SYMPTOMS

NO SYMPTOMS

Q2: HAVE YOU -

Had close contact with a confirmed or suspected COVID-19?

Had close contact with a person under quarantine for possible exposure to COVID-19?

Travel to or live in an area that is designated Category 3 (Substantial Community Transmission)?

Have you been in contact with someone who has been diagnosed with or tested positive for COVID-19? (within 6 feet for 15 minutes or more)

YES, to 1 or more

NO

YES

NO

Quarantine yourself for 10 days since the onset of symptoms and contact your healthcare provider (HCP).

*If you receive a negative result or alternative diagnosis follow HCP and school guidance.

https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html

Stay at home until you are symptom-free for 24 hours without fever or symptom reducing medications.

Quarantine yourself for 14 days from exposure date.

https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html

Practice physical distancing and good hygiene.

Anyone who has been identified as a close contact needs to quarantine regardless of symptoms or other illnesses, **EVEN** if you receive a negative test result.

Students/families should call
XXXXXX

Insert school specific desired contact info here

CENTRAL DISTRICT HEALTH